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2

Application Number

09/890,466

Filing Date

11/2/2001

First Named Inventor

Oscar Bschorr

Art Unit

2644

Examiner Name

Justin I. Michalski

Attorney Docket Number

00025-35935

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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Firm Name

Thorpe North &amp; Western, LLP

Signature

Printed name

Jason R. Jones

Date

October 16, 2007

Reg. No.

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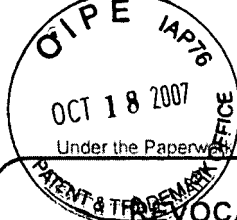
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Application Number	09/890,466
Filing Date	11/2/2001
First Named Inventor	Oscar Bschorr
Art Unit	2644
Examiner Name	Justin I. Michalski
Attorney Docket Number	00025-35935

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number: 20,551

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

James J. Croft, III

Date

October 15, 2007

Telephone

(858) 674-1112

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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